

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation NARAL Pro-Choice America		3. FEC Identification Number <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C90004185 </div>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1156 15th Street, NW Suite 700		
(c) City, State and ZIP Code Washington DC 20005		
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Individual filers only Name of Employer Occupation	

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☒ 24-Hour Notice ☐ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM M M / D D / Y Y Y Y
0 9 / 1 3 / 2 0 1 0

THROUGH

M M / D D / Y Y Y Y
0 9 / 1 3 / 2 0 1 0

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES.....

741.89

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM**SIGNATURE****DATE**

Kimberly Robinson

09/13/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

NARAL Pro-Choice America

Full Name (Last, First, Middle Initial) of Payee
NARAL Pro-Choice America

Date

M M / D D / Y Y Y Y
0 9 / 1 3 / 2 0 1 0

Mailing Address

1156 15th Street, NW, Suite 700

Amount

637.63

City

Washington

State

DC

Zip Code

20005

Purpose of Expenditure

Email list use

Category/
Type

Office Sought:

☐ House

State: NY

Senate

☒ Senate

District: 00

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Kirsten GillibrandCalendar Year-To-Date Per Election
for Office Sought

804.47

Disbursement For:
2010☒ Primary☐ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
NARAL Pro-Choice America

Date

M M / D D / Y Y Y Y
0 9 / 1 3 / 2 0 1 0

Mailing Address

1156 15th Street, NW, Suite 700

Amount

28.69

City

Washington

State

DC

Zip Code

20005

Purpose of Expenditure

Email list use

Category/
Type

Office Sought:

☐ House

State: NY

Senate

☒ Senate

District: 00

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Kirsten GillibrandCalendar Year-To-Date Per Election
for Office Sought

804.47

Disbursement For:
2010☒ Primary☐ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
NARAL Pro-Choice America

Date

M M / D D / Y Y Y Y
0 9 / 1 3 / 2 0 1 0

Mailing Address

1156 15th Street, NW, Suite 700

Amount

28.69

City

Washington

State

DC

Zip Code

20005

Purpose of Expenditure

Email list use

Category/
Type

Office Sought:

☒ House

State: NY

House

☐ Senate

District: 14

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Carolyn MaloneyCalendar Year-To-Date Per Election
for Office Sought

28.69

Disbursement For:
2010☒ Primary☐ General☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

695.01

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **3 / 4**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

NARAL Pro-Choice America

Full Name (Last, First, Middle Initial) of Payee
NARAL Pro-Choice America

Date

M M / D D / Y Y Y Y
0 9 / 1 3 / 2 0 1 0

Mailing Address

1156 15th Street, NW, Suite 700

Amount

13.12

City

Washington

State

DC

Zip Code

20005

Purpose of Expenditure

Email list use

Category/
Type

Office Sought:

☒ House

State: NH

House

☐ Senate☐ President

District: 02

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Ann McLane KusterCalendar Year-To-Date Per Election
for Office Sought

3641.67

Disbursement For:
2010☒ Primary☐ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
NARAL Pro-Choice America

Date

M M / D D / Y Y Y Y
0 9 / 1 3 / 2 0 1 0

Mailing Address

1156 15th Street, NW, Suite 700

Amount

13.13

City

Washington

State

DC

Zip Code

20005

Purpose of Expenditure

Email list use

Category/
Type

Office Sought:

☐ House

State: NH

Senate

☒ Senate☐ President

District: 00

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Paul HodesCalendar Year-To-Date Per Election
for Office Sought

151.28

Disbursement For:
2010☒ Primary☐ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
NARAL Pro-Choice America

Date

M M / D D / Y Y Y Y
0 9 / 1 3 / 2 0 1 0

Mailing Address

1156 15th Street, NW, Suite 700

Amount

10.31

City

Washington

State

DC

Zip Code

20005

Purpose of Expenditure

Email list use

Category/
Type

Office Sought:

☒ House

State: MA

House

☐ Senate☐ President

District: 09

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Mac D'AlessandroCalendar Year-To-Date Per Election
for Office Sought

20.63

Disbursement For:
2010☒ Primary☐ General☐ Other (specify)(a) **SUBTOTAL** of Itemized Independent Expenditures

36.56

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

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ITEMIZED INDEPENDENT EXPENDITURESPAGE **4 / 4**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

NARAL Pro-Choice America

Full Name (Last, First, Middle Initial) of Payee
NARAL Pro-Choice America

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	1	0

Mailing Address
1156 15th Street, NW, Suite 700

Amount

10.32

City	State	Zip Code
Washington	DC	20005

Purpose of Expenditure
Email list useCategory/
Type

Office Sought:

☒

House

State: MA

House

☐

Senate

☐

President

District: 09

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Stephen LynchCalendar Year-To-Date Per Election
for Office Sought

20.63

Disbursement For:
2010☒

Primary

☐

General

☐ Other (specify) _____(a) **SUBTOTAL** of Itemized Independent Expenditures

10.32

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

741.89